

EPA General Permit WAG130000 - Annual Report



**Annual Report of Operations**  
**for Year** 2021

**To comply with NPDES General Permit No. WAG130000 for Federal Aquaculture Facilities and Aquaculture Facilities Located in Indian Country within the Boundaries of the State of Washington**

**NPDES # for your Facility:**

WAG130020

**Facility & Owner Information**

Facility Name: Keta Creek Hatchery Complex	
Operator Name (Permittee): Hugo Hernandez	
Address: 39015 172nd Ave SE Auburn WA 98092	
Email: Hugo.Hernandez@muckleshoot.nsn.us	Phone: 253-876-3341
Owner Name (if different from operator): Muckleshoot Indian Tribe	
Email:	Phone:

**Best Management Practices (BMP) Plan**

Has the BMP Plan been reviewed this year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the BMP Plan fulfill the requirements of the General Permit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Summarize any changes to the BMP Plan since the last annual report. Attach additional pages if necessary.	

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### Operations and Production

Total harvestable weight produced in the past calendar year in pounds (lbs):	83,262 lbs
Pounds of food fed to fish during the maximum month:	10,159 LBS

List the species grown or held at your facility and the annual production of each in gross harvestable weight. If fish were released rather than harvested, list the weight at time of release.

Species	Fish Produced	Receiving Water(s) to which Fish were Released	Month Released/ Spawned
Chum Salmon	5,431,696	Crisp Creek	~364 FPP
Coho Salmon	712,848	Crisp Creek	~16 FPP
Coho Salmon	496,864	Transfer to Elliot Bay Tribal Net Pen	~20.5FPP

Fill in the table below with production numbers from the past year. List the **maximum** amount of fish on-site and the maximum amount of food fed **per month**.

Month	Total Fish (lbs)	Fish Feed (lbs)	Month	Total Fish (lbs)	Fish Feed (lbs)
January	43891	5850	July	19,517	4868
February	54,194	5023	August	16,456	3712
March	51,562	8214	September	20,936	4488
April	69,796	10159	October	30,462	4017
May	36,674	3006	November	33,484	3690
June	13,388	2610	December	36,937	2860

Additional Comments: During the months of February, March, April, and May fish are transferred and released.

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### Solid Waste Disposal

Describe the solid waste disposed of during the calendar year (including fish mortalities).

Type of Solid Disposed	Date Disposed	Location Disposed
Juvenile coho	1/1/21-12/31/21	Upland disposal
Juvenile chum	10/30/21-5/5/21	Upland disposal
Solids collected in the SB	10/15/21	Tribal Landfill
Additional Comments:		

### Fish Mortalities

Include a description and the dates of mass mortalities in the past year (more than 5% per week). Attach additional pages, if necessary. Include total mortalities from all causes.

Date	Cause of Deaths	Steps Taken to Correct Problem	Pounds of Fish
2021	No mass mortality		
Additional Comments:			



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### Noncompliance Summary

Include a description and the dates of noncompliance events (including spills), the reasons for the incidents, and the steps taken to correct the problems. Attach additional pages, if necessary.  
KETA Creek complex was in compliance for the year of 2021.

### Inspections & Repairs for Production & Wastewater Treatment Systems

Date Inspected	Date Repaired	Description of System Inspected and/or Repaired
Daily	Weekly maintenance	Instrumentation and water filtration equipment monitored weekly.

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### Aquaculture Drugs and Chemicals

Please indicate whether you used each drug/chemical **during the past calendar year**.

Describe the use of each drug/chemical in more detail on the following pages.

Used in the past year?	Drug or Chemical
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Azithromycin                      Was not used, fill box for "No" will not fill.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Chloramine-T: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Chlorine
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Draxxin
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Erythromycin - injectable
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Erythromycin - medicated feed
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Florfenicol (Aquaflor)
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Formalin - 37% formaldehyde: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Herbicide - describe:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hormone - describe:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hydrogen Peroxide: <i>See additional reporting requirements on page 7</i>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Iodine: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Oxytetracycline
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Potassium Permanganate: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Romet
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SLICE (emamectin benzoate)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Sodium Chloride - salt
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vibrio vaccine
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Other: Aquamycin 100
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:



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### Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

Brand Name: <b>Parasite-S</b>		Generic Name: <b>Formalin</b>	
Reason for use: <b>Prophylactic use for egg treatment</b>			
<input checked="" type="checkbox"/> Preventative/Prophylactic <input type="checkbox"/> As-needed	Total quantity of formulated product per treatment (specify units): <b>Acc. to Label</b>	Total quantity of formulated product used in past year (specify units): <b>171.26 Gallons</b>	
Date(s) of treatment: <b>1/1 2021-12/31/21</b>			Total number of treatments in past year: <b>210</b>
Maximum daily volume of treated water: <b>7350 Gallons</b>	Treatment concentration (specify units): <b>.0502 ppm-.619 ppm</b>	Duration and frequency of treatment(s): <b>15 minutes every 2-3 days and weather dependent</b>	
Method of application: <input type="checkbox"/> Static Bath <input checked="" type="checkbox"/> Flow-through <input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):			
Location in facility chemical was used (check all that apply): <input type="checkbox"/> Raceways <input checked="" type="checkbox"/> Incubation building <input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin <input type="checkbox"/> Other (describe):			
Where did water treated with this chemical go? (check all that apply): <input type="checkbox"/> Discharged w/o treatment <input checked="" type="checkbox"/> Settling basin <input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works <input type="checkbox"/> Other (describe):			
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: All treated incubation water discharges into the KETA clarifier. As the clarifier discharges it mixes with, KETA complex effluent water			

  

Brand Name: <b>Bio-Oregon feed</b>		Generic Name: <b>AquaFlor</b>	
Reason for use: <b>Treatment for Bacterial cold water disease</b>			
<input type="checkbox"/> Preventative/Prophylactic <input checked="" type="checkbox"/> As-needed	Total quantity of formulated product per treatment: <b>Depends on FPP and DI</b>	Total quantity of formulated product used in past year (specify units): <b>1904</b>	
Date(s) of treatment: <b>3/20/21-7/12/21</b>			Total number of treatments in past year: <b>2</b>
Maximum daily volume of treated water: <b>11,700 gallons</b>	Treatment concentration (specify units): <b>15 mg/kg</b>	Duration and frequency of treatment(s): <b>10 days at 5 feedings per day</b>	
Method of application: <input type="checkbox"/> Static Bath <input type="checkbox"/> Flow-through <input checked="" type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):			
Location in facility chemical was used (check all that apply): <input type="checkbox"/> Raceways <input type="checkbox"/> Incubation building <input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin <input checked="" type="checkbox"/> Other (describe): <b>Rearing Circular Tanks</b>			
Where did water treated with this chemical go? (check all that apply): <input type="checkbox"/> Discharged w/o treatment <input checked="" type="checkbox"/> Settling basin <input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works <input checked="" type="checkbox"/> Other (describe): <b>DF to EFlne SB</b>			
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: <b>Effluent water passes through the drum filter and solids flow to the settling basin.</b>			



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## Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

Brand Name: <b>Bio-Oregon Feed</b>		Generic Name: <b>Aquamycin 100</b>	
Reason for use: <b>BKD treatment</b>			
<input type="checkbox"/> Preventative/Prophylactic <input checked="" type="checkbox"/> As-needed	Total quantity of formulated product per treatment (specify units): <b>Acc. to Label</b>	Total quantity of formulated product used in past year (specify units): <b>1720lbs</b>	
Date(s) of treatment: <b>10/27/21-11/23/21</b>			Total number of treatments in past year: <b>1</b>
Maximum daily volume of treated water: <b>738,000 gallons</b>	Treatment concentration (specify units): <b>100 grams/lb</b>	Duration and frequency of treatment(s): <b>28 days 4 times a day</b>	
Method of application:			
<input type="checkbox"/> Static Bath <input checked="" type="checkbox"/> Flow-through <input checked="" type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):			
Location in facility chemical was used (check all that apply):			
<input type="checkbox"/> Raceways <input type="checkbox"/> Incubation building <input checked="" type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin <input type="checkbox"/> Other (describe):			
Where did water treated with this chemical go? (check all that apply):			
<input checked="" type="checkbox"/> Discharged w/o treatment <input type="checkbox"/> Settling basin <input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works <input type="checkbox"/> Other (describe):			
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: <b>Ponds were vacuumed and solids discharged into to the clarifier.</b>			
Brand Name: <b>Halamid Aqua</b>		Generic Name: <b>Chloramine T</b>	
Reason for use: <b>Env Gill/Bacteria disease</b>			
<input type="checkbox"/> Preventative/Prophylactic <input checked="" type="checkbox"/> As-needed	Total quantity of formulated product per treatment: <b>250-363</b>	Total quantity of formulated product used in past year (specify units): <b>6589 Grams</b>	
Date(s) of treatment: <b>3/22/21-5/11/21</b>			Total number of treatments in past year: <b>25</b>
Maximum daily volume of treated water: <b>60060 liters</b>	Treatment concentration (specify units): <b>12-18 ppm</b>	Duration and frequency of treatment(s): <b>60 minutes once a day for three days</b>	
Method of application:			
<input checked="" type="checkbox"/> Static Bath <input type="checkbox"/> Flow-through <input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):			
Location in facility chemical was used (check all that apply):			
<input type="checkbox"/> Raceways <input type="checkbox"/> Incubation building <input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin <input checked="" type="checkbox"/> Other (describe): <b>Circulars</b>			
Where did water treated with this chemical go? (check all that apply):			
<input type="checkbox"/> Discharged w/o treatment <input type="checkbox"/> Settling basin <input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works <input checked="" type="checkbox"/> Other (describe): <b>Discharged</b>			
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: <b>Chlorine neutralized with Sodium Thio-sulfate</b>			



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### Aquaculture Drugs and Chemicals (cont'd)

#### ***Additional Reporting Requirements for Water-Borne Treatments***

- If a water-borne treatment was used during the calendar year, Permittees must include detailed records/calculations as an attachment to this Annual Report in order to demonstrate how the maximum effluent concentrations of solution and active ingredient were calculated for each chemical.
- EPA recognizes that water-borne treatments may vary in the volume of the vessels treated, concentration, quantity of product, etc. Permittees must provide the information listed in the following tables for a reasonable worst case (i.e., maximum effluent concentration) scenario, not for each individual treatment.
- Permittees must submit this information and calculate the maximum effluent concentration for each water-borne chemical used during the past calendar year.
- See also Appendix D for the Chemical Log Sheet.

<b>Static Bath Treatments</b>	
Tank Volume	189 <span style="float: right;">Liters</span>
Desired Static Bath Treatment Concentration	100 <span style="float: right;">µg/L</span>
Volume of Product Needed	1.8 <span style="float: right;">Liters Product</span>
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: 1:100 dilution-100 ppm Active Ingredient: 10% Povidone Iodine <span style="float: right;">Specify Units</span>
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	23,696,640 liters <span style="float: right;">Specify Units</span>
Maximum % of Facility Discharge Treated	.000008 <span style="float: right;">% of Total Discharge</span>

<b>Flow-Through Treatments</b>	
Tank Volume	1060 <span style="float: right;">Liters</span>
Calculated Flow Rate	19 <span style="float: right;">Liters/Minute</span>
Duration of Treatment	15 <span style="float: right;">Minutes</span>
Desired Flow-Through Treatment Concentration of Product	1600 <span style="float: right;">µg/L</span>
Amount of Product to Add Initially	.4 <span style="float: right;">Liters Product</span>
Amount of Product to Add During Treatment	40 <span style="float: right;">mL/Minute</span>
Total Volume of Product Needed	6 <span style="float: right;">Liters Product</span>
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: 6000 ml Active Ingredient: Formalin .619 ppm <span style="float: right;">Specify Units</span>
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	15,922,080 liters <span style="float: right;">Specify Units</span>
Maximum % of Facility Discharge Treated	.000038 <span style="float: right;">% of Total Discharge</span>



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### Aquaculture Drugs and Chemicals (cont'd)

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- Permittees must submit this information and calculate the maximum effluent concentration for each water-borne chemical used during the past calendar year.
- See also Appendix D for the Chemical Log Sheet.

Static Bath Treatments	
Tank Volume	20020 <span style="float: right;">Liters</span>
Desired Static Bath Treatment Concentration	12-18 <span style="float: right;">µg/L</span>
Volume of Product Needed	250-363 GRAMS <span style="float: right;">Liters Product</span>
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: Active Ingredient: 25% chlorine <span style="float: right;">Specify Units</span>
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	15,082,560 liters <span style="float: right;">Specify Units</span>
Maximum % of Facility Discharge Treated	.0013 <span style="float: right;">% of Total Discharge</span>

  

Flow-Through Treatments	
Tank Volume	<span style="float: right;">Liters</span>
Calculated Flow Rate	<span style="float: right;">Liters/Minute</span>
Duration of Treatment	<span style="float: right;">Minutes</span>
Desired Flow-Through Treatment Concentration of Product	<span style="float: right;">µg/L</span>
Amount of Product to Add Initially	<span style="float: right;">Liters Product</span>
Amount of Product to Add During Treatment	<span style="float: right;">mL/Minute</span>
Total Volume of Product Needed	<span style="float: right;">Liters Product</span>
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: Active Ingredient: <span style="float: right;">Specify Units</span>
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	<span style="float: right;">Specify Units</span>
Maximum % of Facility Discharge Treated	<span style="float: right;">% of Total Discharge</span>

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### Changes to the Facility or Operations

Describe any changes to the facility or operations since the last annual report.

There has been no changes to the hatchery facility or operations since the 2020 annual report.

### Signature and Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly evaluate and gather the information submitted. Based on my inquiry of the person or persons, who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

<i>Hugo Hernandez</i>	<i>Green River Team Leader</i>
Printed name of person signing	Title
<i>[Signature]</i>	<i>01/19/2022</i>
Applicant Signature	Date Signed

### Submittal Information

Send the complete, signed information, along with any attachments, to the following address:

U.S. EPA Region 10, OWW-191

Washington Hatchery Annual Report

1200 Sixth Avenue, Suite 900

Seattle, WA 98101-3140